

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206

Primary Registration District No. 5757

Registrar's No. 0007224

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED 26-64

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| a. COUNTY <u>Madison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Highway 67</u> TOWN <u>2 mi. south of Fredericktown</u> | | c. CITY OR TOWN <u>Piedmont</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Edith</u> Middle <u>Lois</u> Last <u>Johnson</u> | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>18</u> Year <u>1964</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>Aug. 4, 25</u> 38 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Factory</u> | 11. BIRTHPLACE (City and state or country) <u>Van Buren, Mo.</u> |
| 13a. FATHER'S NAME <u>Henry Marler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Arzilla Harris</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u> </u> | |
| 17. INFORMANT <u>Ralph Marler</u> | | Address <u>Van Buren, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEAD INJURIES</u> DUE TO (b) <u>INFORMATION FROM TROOPER</u> DUE TO (c) <u>R.C. CALDWELL</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH <u>1957</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>TWO CAR ACCIDENT 2 mi. S OF</u> | |
| 20c. TIME OF INJURY Hour <u>3:45</u> p.m. Month, Day, Year <u>2-18-64</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>HEAD HIT PAVEMENT.</u> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 67</u> | | 20f. CITY, TOWN, OR LOCATION <u>FREDERICKTOWN</u> | |
| 20g. COUNTY <u>MADISON</u> | | 20h. STATE <u>MO.</u> | |
| 21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at <u>3:45 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Ray Wilson</u> | | 22b. ADDRESS <u>Fredericktown Mo</u> | |
| 22c. DATE SIGNED <u>2-20-64</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>Feb. 19, 1964</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Aldridge</u> | 23d. LOCATION (City, town, or county) (State) <u>Carter County Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Pewitt Funeral Home</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-24-1964</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Florence Hicks</u> | | | |

MAR 3 1964

FEB 27 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.